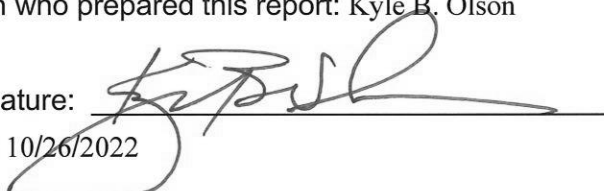


**FORM A**

**New York State Consultant Services  
Contractor's Planned Employment**  
From Contract Start Date Through the End of the Contract Term

State Agency Name: Executive Chamber  
 State Agency Department ID: \_\_\_\_\_ Agency Business Unit: EXC01  
 Contractor Name: The Olson Group, Ltd. Contract Number: C000277  
 Contract Start Date: / / Contract End Date: / /

| Employment Category              | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|----------------------------------|---------------------|------------------------------|-----------------------------------|
| 13-1111.00 - Management Analysts | 34.00               | 32,000.00                    | \$4,300,000.00                    |
|                                  | 0.00                | 0.00                         | \$0.00                            |
|                                  | 0.00                | 0.00                         | \$0.00                            |
|                                  | 0.00                | 0.00                         | \$0.00                            |
|                                  | 0.00                | 0.00                         | \$0.00                            |
|                                  | 0.00                | 0.00                         | \$0.00                            |
|                                  | 0.00                | 0.00                         | \$0.00                            |
|                                  | 0.00                | 0.00                         | \$0.00                            |
|                                  | 0.00                | 0.00                         | \$0.00                            |
|                                  | 0.00                | 0.00                         | \$0.00                            |
|                                  | 0.00                | 0.00                         | \$0.00                            |
|                                  | 0.00                | 0.00                         | \$0.00                            |
|                                  | 0.00                | 0.00                         | \$0.00                            |
|                                  | 0.00                | 0.00                         | \$0.00                            |
|                                  | 0.00                | 0.00                         | \$0.00                            |
|                                  | 0.00                | 0.00                         | \$0.00                            |
|                                  | 0.00                | 0.00                         | \$0.00                            |
|                                  | 0.00                | 0.00                         | \$0.00                            |
| <b>Total this Page</b>           | 34.00               | 32,000.00                    | \$4,300,000.00                    |
| <b>Grand Total</b>               | 34.00               | 32,000.00                    | \$4,300,000.00                    |

Name of person who prepared this report: Kyle B. Olson  
 Title: President Phone #: 703 518-9982  
 Preparer's Signature:   
 Date Prepared: 10/26/2022